



Town of South Bethany  
402 Evergreen Road  
South Bethany, DE 19930

**2019/2020 Mercantile License Application  
(Nov 1, 2019 to April 30, 2020)**

**Name of Business:** \_\_\_\_\_

**Name of Owner(s):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**EIN:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Full Description of Nature of the Activity for which this Mercantile License is requested:**

I hereby certify that I will comply with the applicable provisions of the Code of the Town of South Bethany.  
I certify that if my licensed activity involves the construction of a building or facility on any property within the Town of South Bethany, I will refrain from traversing or utilizing any adjacent or neighboring property unless I obtain written permission from such property owner. I certify that I will be financially liable to such property owner for any damage committed to their property by myself, any of my employees or agents, or any independent contractors. I further agree that I will assure that any employees or agent and independent contractors are made aware of the appropriate regulations, including permitting, display of permit and times allowed for construction. I will also be responsible for damage to public right-of-way. I also certify that I will place adequate trash containers on the property and will comply with all appropriate regulations. If my license activity involves the use of herbicides, pesticides, or other hazardous materials, I will advise the Town of the types and quantities.

**Work Hours: 8 a.m. to 6 p.m. Monday thru Saturday. No construction - 6 p.m. to 8 a.m. or Sundays  
No construction on Saturday, Sundays or National Holidays from May 15<sup>th</sup> through September 15<sup>th</sup>**

**License Fee: \$80.00 if purchased from November 1, 2019 through April 30, 2020**  
(License valid from November 1, 2019 to April 30, 2020)

Check submitted in the amount of \$\_\_\_\_\_ Check #\_\_\_\_\_, payable to Town of South Bethany, with  
**a copy of your State of Delaware Business License and Certificate of Liability Insurance.**

\_\_\_\_\_  
**Signature of Owner/Authorized Agent**

\_\_\_\_\_  
**Date Submitted**